

**Service Planning Area 3
County of Los Angeles – Department of Mental Health
Quality Improvement Committee**

**Meeting Minutes
December 15, 2010**

Welcome and Introductions

All members introduced themselves and Seth welcomed and thanked everyone for coming.

Seth Meyers	Michelle Hernandez
Gloria Santos	Stephanie Schneider
Nancy Uberto	Kathleen Kim
Claudia Williams	Adrine Bazikyan
Max Emadi	Rosa Mancilla
Leslie Shraeger	Rose Kosyan
Paula Randle	Helena Ditko
Ari Winata	Stella Tam
Ann Beltran Bortolussi	
Denise Lee	Kameelah Wilkerson
Melody Taylor Stark	

Minutes:

SPA3 QIC minutes for November 2010 were approved. Jennifer Eberle will review minutes for October 2010 and approve.

Presenter

Manual Rosas, Jr., mmrosas@dmh.lacounty.gov - WRAP Coordinator, In-Service Area 3, 213-305-3142

Tier 1

Traditional Wrap – Children court involved with DCFS, formal probation, AB 3632 (IEP), no Medi-Cal required; at risk of stepping down, at risk RCL or higher.

Tier 2

Must have full scope Medi-Cal; DCSF only, court or non-court (volunteer cases); big difference, family should not know they are in Tier 1 or 2. Tier 2 are families that don't meet Tier 1.

- For Children's assessments, an Axis I diagnosis is required. This is not required for Tier 1.
- Only DCFS (no probation, etc.); children not meeting criteria for Tier 1; more mental health history.

Residential Based Services – pilot program in SPA3; funding source is half DMH and DCFS; only in SPA3. Hathaway-Sycamores did a pilot program of residential WRAP. This is where the RBS program copies.

RBS – clients are housed in residential but able to go on extended home visits.

Luis Araujo – DCFS RBS representative, 626-455-4670 – DCFS only

Idea of RBS – keep children from long stay in group homes. If children are at risk and need residential placement, they can go into the RBS program to offset long term placement. A child can return to RBS (up to 14 days) and transition back to the community.

With residential WRAP, through HSCFS has good success rate.

Typically with Wraparound, parent partner assigned; facilitator (CFT meeting – child and family team meetings); CFS assigned. Some children come with mental health services from another agency and brokerage services.

Team composition depends on the child and family needs. CFT meetings design a Plan of Care (spiritual; mental health; community resources; teachers, etc.).

Start WRAP Around with discharge planning from the start. The concern is what will happen to the family once WRAP Around stops. DCFS has a tendency

Tier 1 – once DCFS closes, WRAP closes; if probation or AB 3632 closes, Wrap closes.

WRAP is not a mental health program. Every agency does it differently. There is no charting standard for WRAP. The state often gets confused in audits from WRAP charts and Outpatient charts.

Around of the year there may be some formalized training for uniformity. Questions regarding charting for WRAP and RBS – Shirley Robinson Supervisor, Angela Shields, Program Head, Greg Lecklitner, District Chief.

SFPR – mental health portion of the WRAP for CCCP. Wrap is supposed to be the SFPR in all cases whether they have an existing mental health clinician or not. All wrap clients are supposed to have an assigned clinician.

Wrap Team may be a Rehab Specialist; agencies can work together to decide who will be SFPR.

Technically wrap is not a mental health program; don't necessarily have to have clinical goals in the CCCP. The POC should be written in the family's language. Some agencies have clinicians that act as facilitators (not clinicians) on the wrap team.

Parent Partners should not be billing due to the training issue and scope of practice issue.

CFS documentation and Clinicians documentation – DMH is moving toward having the CFS role (provider) be more fashioned like the TBS role. Within the documentation whether wrap or other services, your still using EBP guidelines. Each provider should stay within his/her scope of practice, both billing the same code but within their scope of practice.

Family Voice, Family Choice – Sometimes the client is asked who they would like to be the SFPR.

Contact Luis Rosas or Norma Salazar for more Wrap questions.

Some wrap services doesn't get a clinician assigned sometimes for 6 – 8 weeks and goals (paperwork) are not known by the providers. There may be duplication of services. Luis Rosas would like to be contacted when this happen.

WRAP programs (SFPR) are responsible for Coordinating services, not necessarily providing services.

WRAP POC goals do not have a clinical loop. Cannot be placed on the typical CCCP. **Wrap is not mental health.** Wrap goals should not be written in *clinical jargon*. The clinician should be attending the CFT. They can speak to certain areas of the client's treatment. Clinician's oftentimes do not have time to attend the CFT weekly, but is encouraged to attend at least once a month. They would sign off on the minutes and will be placed on the POC. Additionally, a conference call can also be done where the clinician is able to participate more often.

The SFPR is responsible for only page 3 of the CCCP. If you are the SFPR and Wrap is duplicating services, it is challenge of the Wrap program. They would need to worry about this issue at an audit. It is the responsibility of the WRAP program to find out what services are being provided if they start services in the middle of a client already within an agency's cycle date. It may be better to allow the Wrap Around program to be the SFPR since they will have to coordinate services.

Interagency Screening Committee (ISC) DMH, DCFS, Parent Advocate; determines whether a case will be accepted into a WRAP Around program. The ISC reviews the POC for strengths, safety plan, addressing all the domains, mission statement, identifies a

facilitator and CFS. If a referral is rejected, the provider has 30 days to resubmit; good for 6 months from the 30-day review.

For probation cases there is a 90-day review. Probation unofficially put a limit on how long a case will be involved in WRAP Around. Within a year if the needs haven't been addressed in Wrap around, they should be moved out.

Wrap Around national wide is more of a mental health program. The pressure is on LA County to fashion their wrap around program like the nation. WRAP Around is the most expensive program in the state of California.

CFT code introduced in March is always face-to-face time with the code. There is no set protocol; it depends on the agency to set the standards. Some agencies apply the same procedure code standards to the CFT.

QUALITY IMPROVEMENT

Melody Stark Taylor

Five Acres

Patient's Rights

- Annual Beneficiary Grievance Appeal report is now available; 438 grievances and 438 resolved; report will be sent out.
- Change provider report – currently in progress – will be coming within next month.
- Provider Directory EBP – first quarter 2011 will be available
- Cultural Competency – forms in the threshold languages – priority will be based on population. Feedback that agency's are not allowed to translate. The form cannot be translated by the agency.
- EPSDT update– Performance Improvement Project is in the 3rd year – most agencies are looking at high utilizers to see how clients can move along.

Seth Meyers

1. Audits – EPSDT audit process is still not yet resumed. No audits scheduled until March.
2. Technical Assistance – Lockouts – will send out information this afternoon.
3. QA Liaison role – getting questions that are very specific. The provider is emailing the same question without copying the other QA providers involved.

4. The Quality Assurance dated 4/16/07. Claiming when there is a client in an inpatient facility, all claims are denied when providers try to claim.
5. Can bill for the day the client is admitted; discharge the outpatient provider can bill for placement. If the client leaves the hospital and comes in for therapy services can be billed. If the crisis code is utilized on day of hospitalization, whoever gets the billing in first will get the billing. Normally, hospitals are quick and get their billing in first.
6. An adult initial assessment short form is currently in the works.
7. TRAINING – Map training on Tuesday and Thursday, invitation only.

February 16th potluck kick-off meeting. Will move the QIC meeting to 10:00am – Seth will send out a reminder to bring food.

Seth Meyers 2.16.11
Approved